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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                        | Docket Number (Optional)<br>KAMMON 3.0-069 CONT |                 |
|---|------------------------|---|-----------------|
| Application Number  | 10/645,773-Conf. #8770 | Filed   | August 21, 2003 |
| For A METHOD FOR RINSING CLEANED OBJECTS  |                        |   |                 |
| Art Unit  | 1746                   | Examiner  | B. S. Carrillo  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |                 |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |                 |
|   | <u>Fee</u>             | <u>Small Entity Fee</u>                         |                 |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                  | \$60  | \$              |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                  | \$225   | \$              |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                 | \$510   | \$ 1,020.00     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                 | \$795   | \$              |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                 | \$1080  | \$              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                        |   |                 |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                        |   |                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                        |   |                 |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                        |   |                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-1095</u> . I have enclosed a duplicate copy of this sheet. |                        |   |                 |
| I am the <input type="checkbox"/> applicant/inventor.   |                        |   |                 |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                        |   |                 |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,298</u>  |                        |   |                 |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                        |   |                 |
| <u>April M. Capati</u><br>Signature   |                        | <u>August 16, 2005</u><br>Date                  |                 |
| <u>April M. Capati</u><br>Typed or printed name   |                        | <u>(908) 518-6394</u><br>Telephone Number       |                 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |                        |   |                 |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                        |   |                 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 16, 2005

Signature: April M. Capati (April M. Capati)